

Initial Application Data Sheet

Application Information

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| Application Number:: | Unassigned |
| Filing Date:: | October 22, 2003 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| CD-ROM or CD-R:: | None |
| Title:: | COMPUTER SYSTEM AND METHOD FOR GENERATING HEALTHCARE RISK INDICES USING MEDICATION COMPLIANCE INFORMATION |
| Attorney Docket Number:: | 103864.142US1 |
| Request for Early Publication?:: | No |
| Request for Non Publication?:: | No |
| Total Drawing Sheets: | 9 |
| Small Entity?:: | No |
| Petition Included?:: | No |
| Secrecy Order in Parent Application?:: | No |

Applicant Information

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| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | U.S. |
| Status:: | Full Capacity |
| Given Name:: | Kimberly |
| Middle Name:: | A. |
| Family Name:: | McGuigan |
| Name Suffix:: | Ph.D. |
| City of Residence:: | Ridgewood |
| State or Province of Residence:: | New Jersey |
| Country of Residence:: | U.S. |

Street of mailing address:: 100 Parsons Pond Drive
City of mailing address:: Franklin Lakes
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07417

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Debra
Middle Name:: A.
Family Name:: Maldonato
City of Residence:: Chestnut Ridge
State or Province of Residence:: New York
Country of Residence:: U.S.
Street of mailing address:: 18 Wilshire Drive
City of mailing address:: Chestnut Ridge
State or Province of mailing address:: New York
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 10977

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Qingshan
Family Name:: Qian
City of Residence:: Los Angeles
State or Province of Residence:: California
Country of Residence:: U.S.
Street of mailing address:: 7137 Alvern Street, H204
City of mailing address:: Los Angeles
State or Province of mailing address:: California

Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 90045

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Kurtis
Middle Name:: W.
Family Name:: Andrews
City of Residence:: Chestnut Ridge
State or Province of Residence:: New York
Country of Residence:: U.S.
Street of mailing address:: 2 Raymond Avenue
City of mailing address:: Chestnut Ridge
State or Province of mailing address:: New York
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 10977

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Keith
Middle Name:: J.
Family Name:: Bradbury
City of Residence:: Blauvelt
State or Province of Residence:: New York
Country of Residence:: U.S.
Street of mailing address:: 122 Derfuss Lane
City of mailing address:: Blauvelt
State or Province of mailing address:: New York
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 10913

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: George
Family Name:: Fulop
Name Suffix:: MD
City of Residence:: Mount Kisco
State or Province of Residence:: New York
Country of Residence:: U.S.
Street of mailing address:: 1 Kitchel Road
City of mailing address:: Mount Kisco
State or Province of mailing address:: New York
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 10549

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Joseph
Middle Name:: A.
Family Name:: Boscarino
City of Residence:: Ramsey
State or Province of Residence:: New Jersey
Country of Residence:: U.S.
Street of mailing address:: 14 Cobblestone Lane
City of mailing address:: Ramsey
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07446

Corr spond nc Information

Correspondence Customer Number:: 24395
Phone number:: 202-942-8400
Fax number:: 202-942-8484

Representative Information

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| Representative Customer Number:: | 24395 | |
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Assignment Information

Assignee Name:: Medco Health Solutions, Inc.
Street of mailing address:: 100 Parsons Pond Drive
City of mailing address:: Franklin Lakes
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07417-2603